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USPTO FACSIMILE COVER SHEET

To: Commissioner for Patents
Fax Number: (571) 273-8300
Date: October 19, 2006
Pages: 14 pages (including this cover sheet)

MESSAGE:

METHOD AND SYSTEM FOR DYNAMIC PRICING
Application No. 09/804,729
Examiner Freda Ann Nelson
Art Unit 3639

Amendment Transmittal
Petition and Fee for Extension of Time
Amendment

(696.001)

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Amendment Transmittal

Atty. Docket No. 696.001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Srinivasan et al.
Serial No. : 09/804,729 Examiner : Freda Ann Nelson
Filed : March 13, 2001 Group Art Unit : 3639
For : METHOD AND SYSTEM FOR DYNAMIC PRICING

HON. COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☐ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☒ Small Entity status under 37 C.F.R. 1.27 has previously been established.

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (571) 273-8300 on October 19, 2006 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III
(Type or print name of person transmitting paper or fee)


(Signature of person transmitting paper or fee)

Page 1 of 2

FERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. 696.001

5. ☐ Also enclosed: _____
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

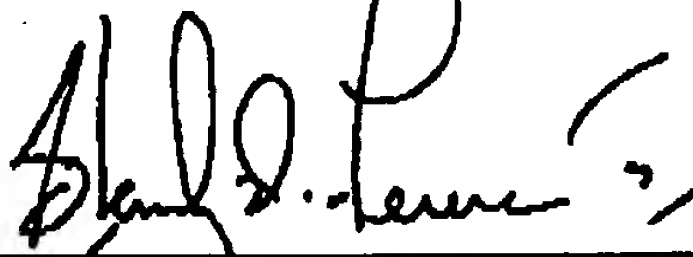
	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
				RATE	FEE		RATE	FEE
Total	16	- ** 20	= * 0	x \$25	=	O	x \$50	=
Claims						R		
Ind.	1	- *** 3	= * 0	x \$100	=	O	x \$200	=
Claims						R		
<input type="checkbox"/> Multiple Dependent Claim Presented				+ \$180	=	O	+ \$360	=
						R		
				TOTAL	= \$0	O	TOTAL	= \$
						R		

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space
 *** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$___ to cover the filing fee.

Respectfully submitted,

FERENCE & ASSOCIATES

By 

Stanley D. Ference III
Reg. No. 33,879

Dated: October 19, 2006

Mailing Address:

Customer No. 35195
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